

HAND DELIVERED

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**
**FORM A** Page 1 of 4  
 For use by Members, officers, and employees

 Trent Franks  
 (Full Name)

 202-225-4576  
 (Daytime Telephone)

2011 MAY 13 PM 4:38

MC

**Filer Status**
☒ Member of the U.S. House of Representatives  
 State: AZ  
 District: 02
☐ Officer Or Employee

Employing Office:

**Report Type**
☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

(Office Use Only)

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**
**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<b>I.</b> Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I.	<b>VI.</b> Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
<b>II.</b> Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	<b>VII.</b> Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.
<b>III.</b> Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	<b>VIII.</b> Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.
<b>IV.</b> Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.	<b>IX.</b> Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
<b>V.</b> Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<b>Trusts--</b>	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Exemptions--</b>	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Trent Franks

Page 2 of 4

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
<b>Asset and/or Income Source</b> Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols.)  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	<b>Year-End Value of Asset</b> at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	<b>Type of Income</b> Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	<b>Amount of Income</b> For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	<b>Transaction</b> Indicate if asset had purchases (P), sales (S), or exchange (E) exceeding \$1,000 in reporting year.
Note payable from Providence Petroleum for Liberty Petroleum Stock	\$500,001 - \$1,000,000	CAPITAL GAINS	\$100,001 - \$1,000,000	
Note payable from Trinity Petroleum Providence Trust	\$1,000,001 - \$5,000,000	CAPITAL GAINS	NONE	
Providence Trust	\$5,000,001 - \$25,000,000	CAPITAL GAINS	NONE	
Trinity Petroleum Stock	\$5,000,001 - \$25,000,000	CAPITAL GAINS	NONE	
U.S. Patents for LP 1000 Life Pager	\$100,001 - \$250,000	None	NONE	

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Trent Franks

Page 3 of 4

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Heritage Foundation	Jan. 14-16	DC-Charlottesville-DC	Y	Y	N	None

**SCHEDULE VIII - POSITIONS**

Name Trent Franks

Page 4 of 4

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Americans For Military Readiness
Board Member	Heartline Ministries
Board Member	Children's Hope Scholarship Foundation

**UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

**FORM A**

Page 1 of 7

For use by Members, officers, and employees

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER

2011 MAY -2 PM 3:54

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Edward L. Pastor

202-225-4065

(Full Name)

(Daytime Telephone)

**Filer  
Status**

☒ Member of the U.S.  
House of Representatives

State: AZ

District: 4

☐ Officer Or  
Employee

Employing Office:

**Report  
Type**

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

**A \$200 penalty shall  
be assessed against  
anyone who files  
more than 30 days  
late.**

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p><b>Trusts--</b> Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "accepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>Exemptions--</b> Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

**SCHEDULE I - EARNED INCOME**

Name Edward L. Pastor

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
US House of Representatives	Salary	\$171,922
AZ Elected Officials Retirement System	Pension	\$26,398
AZ State Retirement System	Spouse Pension	\$35,600
Social Security Administration	Pension	\$26,962
Social Security Administration	Spouse Pension	\$20,604

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Edward L. Pastor

Page 3 of 7

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
<b>Asset and/or Income Source</b> Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols.)  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Excludes: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or		<b>Year-End Value of Asset</b>  at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	<b>Type of Income</b>  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	<b>Amount of Income</b>  For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	<b>Transaction</b>  Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
	Aviva Life & Annuity Co Des Moines, IA (cash value)	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
SP	Aviva Life & Annuity Co (cash value)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Congressional Federal Credit Union Savings Account (cash only)	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
SP	Desert Schools Federal Credit Union IRA (cash only)	\$1,001 - \$15,000	INTEREST	\$1,001 - \$2,500	
SP	Desert Schools Federal Credit Union CD (cash only)	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Edward L. Pastor

Page 4 of 7

SP	Desert Schools Federal Credit Union Savings Account (cash only)	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
	Marisol Federal Credit Union Savings Acct (cash only)	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Met Life Annuity (not self directed)	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000	
	Met Life Annuity (not self directed)	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
SP	Nationwide Retirement Services (457 Plan not self directed)	\$15,001 - \$50,000	N/A	N/A	
	Residential Lot, Guadalupe, AZ	\$1,001 - \$15,000	N/A	N/A	
	Thrift Savings Plan, Washington DC	\$500,001 - \$1,000,000	N/A	N/A	



**SCHEDULE V - LIABILITIES**

Name Edward L. Pastor

Page 5 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Washington Mutual Bank, Milwaukee WI	Dec 1997	Mortgage on 1015 W Campbell Ave., Phoenix, AZ	\$15,001 - \$50,000
JT	Wells Fargo Bank, Des Moines, IA	Mar 1995	Mortgage on 649 C St #304, Washington DC	\$15,001 - \$50,000

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Edward L. Pastor

Page 6 of 7

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Aspen Institute	Aug 16-21	Phx-Vancouver BC Canada- Phx	Y	Y	Y	None

## SCHEDULE VIII - POSITIONS

Name Edward L. Pastor

Page 7 of 7

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	Congressional Hispanic Caucus Washington, DC
Member	Congressional Hispanic Caucus Institute Washington, DC

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A  
 For use by Members, officers, and employees

Page 1 of \_\_\_\_\_  
 LEGISLATIVE RESOURCE CENTER

2011 MAY 18 PM 4:57

Name: **EDWARD L. PASTOR**

Daytime Telephone: **202-225-4065**

✓  
 CLERK OF THE CLERK  
 U.S. HOUSE OF REPRESENTATIVES

**RECEIVED**  
**DELIVERED**  
 (Office Use Only)

Filer  
 Status



Member of the U.S.  
 House of Representatives

State: **AZ**  
 District: **4**



Officer or  
 Employee

Employing Office:

Report  
 Type



Annual (May 16, 2011)



Amendment



Termination

Termination Date:

**A \$200 penalty shall be assessed  
 against anyone who files more than  
 30 days late.**

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  
 If yes, complete and attach Schedule I.

Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  
 If yes, complete and attach Schedule VI.

Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  
 If yes, complete and attach Schedule II.

Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?  
 If yes, complete and attach Schedule VII.

Yes ☒ No ☐

III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  
 If yes, complete and attach Schedule III.

Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  
 If yes, complete and attach Schedule VIII.

Yes ☒ No ☐

IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  
 If yes, complete and attach Schedule IV.

Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity?  
 If yes, complete and attach Schedule IX.

Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  
 If yes, complete and attach Schedule V.

Yes ☒ No ☐

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes ☐ No ☒

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

[illegible]

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A  
For use by Members, officers, and employees

Page 1 of 9

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 3:42

U.S. HOUSE OF REPRESENTATIVES

Name: David Schweikert

Daytime Telephone: 202-225-2190

**HAND DELIVERED**  
(Office Use Only)

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>AZ</u> District: <u>5</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	<b>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</b>
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____	

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**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

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<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

**For payments to charity in lieu of honoraria, use Schedule II.**

# SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name Schweikert, David

Page 3 of 9

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in “unearned” income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols).</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p><b>Exclude:</b> Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>			<p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be “None.”</p>												<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check “None” if the asset generated no income during the reporting period.</p>							<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. For all other assets, indicate the category of income by checking the appropriate box below. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check “None” if no income was earned or generated.</p>											<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> <p>If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.</p>
			A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E
SP, DC, JT	Examples:	SP Mega Corp. Stock			X										X		X		Royalties				X						X			S (partial)	
		Simon & Schuster													X										X								
		1st Bank of Paducah, KY Accounts				X																											
		Sheridan Equities LLC				X												Business							X								
		Sheridan Equities Holdings																Business									X				S (partial)		
		Deferred comp (457)																															
		Brown Capital mgmt			X										Y			Retirement	Y														
		American Century Equity			Y										Y			Retirement	Y														

For additional assets and unearned income, use next page.



# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Schweikert, David

Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income								BLOCK D Amount of Income											BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K	L								I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E	
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000		
	AZ State Retirement													X					Retirement	X													
	Putnam Hartford Voyager			X														X	Retirement	X													
	Putnam Growth/Income			X														X	Retirement	X													
	Minnesota Life																																
	W+R Target Growth			X														X	Retirement	X													
	Advantus Bond			X														X	Retirement	X													
	Advantus Mort sec			X														X	Retirement	X													
	Advantus IND 500			X														X	Retirement	X													
	Merrill Lynch																																
	BLKRB INTL B			X														X	Retirement	X													
	BLKRB SCGR D B			X														X	Retirement	X													
	BLKRB LG CP VAL B			X														X	Retirement	X													
	BLKRB GOVT INC B			X														X	Retirement	X													
	Rental Property																																
	11011 N 92nd St #1052 Scott																	X								X							

# **SCHEDULE V— LIABILITIES**

Name Schweikert, David

Page 5 of 9

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
					A	B	C	D	E	F	G	H	I	J	
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	
								X							
SP		Chase	2005	NOTE- 11011 N 92 <sup>nd</sup>				X							
		Sallie Mae	2003	STUDENT LOAN			X								
		Metro Phoenix Banks	2010	NOTE- Sheridan Equities			X								

# **SCHEDULE VI— GIFTS**

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
	N/A	

# SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Broker (Managing Member)	Sheridan Equities LLC -
Managing Member	Sheridan Equities Holdings LLC
Administrator	Scottsdale Eye Surgery - spouse -

# SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
11/2010	Sheridan Equities Holdings LLC	SHERIDAN Equities Holdings, LLC has An Agreement with SWARTZ + Broughton for A Portion of Residual Equity on the Partnerships Formally managed/participated in by Sheridan Equities Holdings Now controlled by Swartz + Broughton upon the liquidation of Real Estate Holdings.
	SWARTZ + Broughton Inc.	

Name <u>Schweikert, David</u>	Page <u>7</u> of <u>9</u>
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Page 7 of 9

[illegible]

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

N/A

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

**FORM A** Page 1 of 6  
 For use by Members, officers, and employees

**HAND DELIVERED**

JEFFREY L. FLAKE  
 (Full Name)

202.225.2635  
 (Daytime Telephone)

LEGISLATIVE RESOURCE CENTER  
 MAY 12 PM 1:11  
 (Office Use Only)  
 U.S. HOUSE OF REPRESENTATIVES

**Filer Status**

☒ Member of the U.S. House of Representatives  
 State: AZ District: 06

☐ Officer Or Employee  
 Employing Office:

**Report Type**

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p><b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b></p>

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p><b>Trusts--</b></p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>Exemptions--</b></p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JEFFREY L. FLAKE

Page 2 of 6

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
<b>Asset and/or Income Source</b> Identify (e) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols.)  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or		<b>Year-End Value of Asset</b>  at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	<b>Type of Income</b>  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	<b>Amount of Income</b>  For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	<b>Transaction</b>  Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
JT	326 West 4620 North Provo, UT 84604	\$250,001 - \$500,000	RENT	\$23,100	
JT	Apple Inc.	\$15,001 - \$50,000	CAPITAL GAINS	\$8,342	P,S
	Research in Motion	\$15,001 - \$50,000	CAPITAL GAINS	\$17,498	P,S



# SCHEDULE IV - TRANSACTIONS

Name JEFFREY L. FLAKE

Page 3 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
JT	Apple, Inc.	P	N/A	04/27/2010	\$1,001 - \$15,000
JT	Apple, Inc.	P	N/A	08/13/2010	\$1,001 - \$15,000
JT	Apple, Inc.	P	N/A	11/01/2010	\$1,001 - \$15,000
JT	Apple, Inc.	P	N/A	09/28/2010	\$1,001 - \$15,000
JT	Apple, Inc.	P	N/A	01/06/2010	\$15,001 - \$50,000
JT	Apple, Inc.	S	Yes	11/01/2010	\$1,001 - \$15,000
JT	Apple, Inc.	S	Yes	07/08/2010	\$1,001 - \$15,000
JT	Apple, Inc.	S	Yes	02/03/2010	\$1,001 - \$15,000
JT	Research in Motion	P	N/A	07/08/2010	\$1,001 - \$15,000
JT	Research in Motion	S	Yes	04/21/2010	\$1,001 - \$15,000
JT	Research in Motion	S	Yes	01/05/2010	\$1,001 - \$15,000

**SCHEDULE V - LIABILITIES**

Name JEFFREY L. FLAKE

Page 4 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	CITIMORTGAGE, Inc.	August 2005	Mortgage on 326 West 4620 North, Provo, UT 84604	\$250,001 - \$500,000

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name JEFFREY L. FLAKE

Page 5 of 6

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expense provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Congress of Tomorrow: House Conference Retreat	Jan. 28-29	DC-Baltimore-PHX	Y	Y	N	None
Club for Growth	March 4-5	DC-Palm Beach-PHX	Y	Y	N	None
The Aspen Institute Congressional Program	May 31- June 6	Member PHX-Tunis-Paris-DC Child PHX-Tunis-Taris-PHX	Y	Y	Y	June 7-8
Lexington Institute	Nov. 11-14	Member PHX-Ft. Lauderdale- Miami-Havana-Miami-DC Spouse PHX-FtLauderdale- Miami-Havana-Miami- Ft.Lauderdale-PHX	Y	Y	Y	None

## SCHEDULE VIII - POSITIONS

Name JEFFREY L. FLAKE

Page 6 of 6

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	National Advisory Board for the College of Family, Home and Social Sciences at BYU

**HAND DELIVERED**
**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**
**FORM A** Page 1 of 8  
 For use by Members, officers, and employees

RAUL GRIJALVA

202-225-2435

(Full Name)

(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY 24 PM 1:28

 OFFICE OF THE CLERK  
 U.S. HOUSE OF REPRESENTATIVES  
 (Office Use Only)

MC

Filer Status

☒ Member of the U.S. House of Representatives  
 State: AZ  
 District: 7
☐ Officer Or Employee  
 Employing Office \_\_\_\_\_

Report Type

☒ Annual (May 15)
 ☐ Amendment
 ☐ Termination

Termination Date: \_\_\_\_\_

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**
**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<b>I.</b> Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	<b>VI.</b> Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
<b>II.</b> Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	<b>VII.</b> Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.
<b>III.</b> Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	<b>VIII.</b> Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
<b>IV.</b> Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	<b>IX.</b> Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX.
<b>V.</b> Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<b>Trusts--</b> Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Exemptions--</b> Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## SCHEDULE I - EARNED INCOME

Name RAUL GRIJALVA

Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
CITY OF TUCSON SUPPLEMENTAL RETIREMENT SYSTEM	SPOUSE PENSION	N/A

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name RAUL GRIJALVA

Page 3 of 8

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols.)  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts;		at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
JT	3426 S 9TH AVE., TUCSON, AZ	\$50,001 - \$100,000	RENT	\$1 - \$200	N/A
	ARIZONA STATE RETIREMENT SYSTEM (not self directed)	\$1,001 - \$15,000	NONE	NONE	N/A
	Public Safety Personnel Retirement System (not self directed)	\$15,001 - \$50,000	NONE	NONE	N/A
SP	Alliance Value Mark IV Annuity	\$15,001 - \$50,000	None	NONE	N/A
SP	Fidelity Advisor Mid Cap Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	N/A
SP	Washington Mutual Investors Fund Class A	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	N/A

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name RAUL GRIJALVA

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SP	Invesco Van Kampen Bond Fund (formerly: Van Kampen American Capital Bond Fund)	None	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	S
SP	BAC Capital Tr V Gtd Cap Secs	None	INTEREST/CAPITAL GAINS	\$1,001 - \$2,500	S
SP	Citibank NA South Dakota Bank Deposit Program	\$1,001 - \$15,000	None	NONE	N/A
SP	Duke Energy Corp (Holding Company) New	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
SP	Manitowoc Co Inc	\$1,001 - \$15,000	None	NONE	P
SP	Verizon Communications	\$1,001 - \$15,000	None	NONE	P



# SCHEDULE IV - TRANSACTIONS

Name RAUL GRIJALVA

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	Duke Energy Corp (Holding Company) New	P	N/A	7/27/2010	\$1,001 - \$15,000
SP	Manitowoc Co Inc.	P	N/A	12/2/2010	\$1,001 - \$15,000
SP	Verizon Communications	P	N/A	12/6/2010	\$1,001 - \$15,000
SP	BAC Capital Tr V Gtd Cap Secs	S	Yes	9/21/2010	\$1,001 - \$15,000
SP	Invesco Van Kampen Bond Fund (formerly: Van Kampen American Capital Bond Fund)	S	Yes	7/27/2010	\$1,001 - \$15,000

**SCHEDULE V - LIABILITIES**

Name RAUL GRIJALVA

Page 6 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	WRIGHT PATMAN FEDERAL CREDIT UNION	December 2010	CREDIT CARD / REVOLVING CHARGE ACCOUNT	\$15,001 - \$50,000

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name RAUL GRIJALVA

Page 7 of 8

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
ALLIANCE FOR HEALTH REFORM AND THE COMMONWEALTH FUND	JAN. 15-17	DC-FT. LAUDERDALE-DC	Y	Y	Y	NONE

## SCHEDULE IX - AGREEMENTS

Name RAUL GRIJALVA

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
December 1988	ARIZONA STATE RETIREMENT SYSTEM (not self directed)	Benefit plan maintained by a former employer
February 17, 2002	Public Safety Personnel Retirement System (not self directed)	Benefit plan maintained by a former employer

2011 MAY 16 PM 2:02

U.S. HOUSE OF REPRESENTATIVES

MC

UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENTFORM A Page 1 of 13  
For use by Members, officers, and employees

Gabiella Giffords

1-202-225-2542

(Full Name)

(Daytime Telephone)

**HAND DELIVERED**

(Office Use Only)

Filer  
Status☒ Member of the U.S.  
House of Representatives

State: AZ

District: 08

☐ Officer Or  
Employee

Employing Office:

Report  
Type☒ Annual (May 15)☐ Amendment☐ Termination

Termination Date:

A \$200 penalty shall  
be assessed against  
anyone who files  
more than 30 days  
late.

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of each trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**SCHEDULE I - EARNED INCOME**

Name Gabrielle Giffords

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
U. S. Navy	Spouse Salary	N/A
NASA	JAC Superior Achievement Award- Performance Bonus	\$1,500

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gabrielle Giffords

Page 3 of 13

<p><b>BLOCK A</b></p> <p><b>Asset and/or Income Source</b></p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p><b>BLOCK B</b></p> <p><b>Year-End Value of Asset</b></p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p><b>BLOCK C</b></p> <p><b>Type of Income</b></p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p><b>BLOCK D</b></p> <p><b>Amount of Income</b></p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p><b>BLOCK E</b></p> <p><b>Transaction</b></p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
117 West Armijo Tucson AZ	\$15,001 - \$50,000	None	NONE	
SP 2370 Calypso Lane, League City, Tx	None	RENT/CAPITAL GAINS	\$5,001 - \$15,000	S
300 West 17th St Tucson AZ	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
AZ State Retirement (Elected Officials) American Century Equity-Income Fund	\$1,001 - \$15,000	Other: State Retirement Acct//DIVIDENDS	\$201 - \$1,000	
AZ State Retirement (Elected Officials) American Funds Capital World Growth and Income (C is R4)(2)	\$1,001 - \$15,000	Other: State Retirement Acct//DIVIDENDS	\$201 - \$1,000	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Gabrielle Giffords

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	AZ State Retirement (Elected Officials) Vanguard Institutional Index Fund	\$15,001 - \$50,000	Other: State Retirement Acct//DIVIDENDS	\$1,001 - \$2,500	
	AZ State Retirement Acct	\$1,001 - \$15,000	Other: State Retirement Acct-not self-directed	NONE	
	Bridgestone Corp ADR	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Coca Cola Company	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Conoco Phillips	None	CAPITAL GAINS/DIVIDENDS	\$2,501 - \$5,000	S
	Dentsply International Inc (new)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Dow Chemical Company	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Gap Inc DEL	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Ishares Barclays Treas Inflation Protected Securities	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
	Ishares TR MSCI EAFE Index FD	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
	Ishares TR MSCI Emerging Markets Index Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	ISHARES TR S & P SMALL CAP 600	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Lockheed Martin Corp	None	CAPITAL GAINS/DIVIDENDS	\$1,001 - \$2,500	S



**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Gabrielle Giffords

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	Mexico Fund Inc	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	
	Northern Money Market Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	Northern Trust N.A. Checking account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Powershares Exchange Traded FD TR Dynamic Large Cap Portfolio	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Powershares Exchange Traded FD TR Intl Divid Achievers Port	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Powershares QQQ TR Unit Series 1	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
	Roth IRA Northern Trust Income Equity Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Roth IRA Northern Trust Large Cap Growth (Northern Trust Select Equity Fund	\$1,001 - \$15,000	DIVIDENDS	NONE	
	Roth IRA Northern Trust Large Cap Value Fund	\$1,001 - \$15,000	DIVIDENDS	NONE	
	Roth IRA Northern Trust Technology Fund	\$1,001 - \$15,000	DIVIDENDS	NONE	
	S & P SPDR S & P Midcap 400 EFT TR Unit (M id Cap 400 Dep Rcpts Mid Cap SPDRS	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
	SPRD S & P 500 ETF Trust Unit Ser 1 (S & P 500 Depository Receipt)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	TEVA Pharmaceutical Inds Ltd ADR	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Gabrielle Giffords

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	Tucson Electric Power	\$1,001 - \$15,000	Other: Solar Panel Installation Credit	\$5,001 - \$15,000	P
	United Technologies Corp	None	CAPITAL GAINS/DIVIDENDS	\$1,001 - \$2,500	S
SP	USAA Brokerage Acct-Ishares (TIP)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	USAA Brokerage Acct-Ishares TR (EFA)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
SP	USAA Brokerage Acct-Tax Exempt Money Market	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
SP	USAA CD	None	INTEREST/Other: Cashed in CD and closed acct	\$15,001 - \$50,000	S
SP	USAA Checking Acct	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP	USAA Federal Savings Bank	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP	USAA Roth Cornerstone Strategy Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Verizon Communications	None	Other: Capital Loss//DIVIDEND S	\$201 - \$1,000	S

# SCHEDULE IV - TRANSACTIONS

Name Gabrielle Giffords

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	2370 Calypso Lane, League City, TX	S	No	07-27-10	\$100,001 - \$250,000
	Conoco Phillips	S	Yes	07-01-10	\$1,001 - \$15,000
	Ishares Barclays Treas Inflation Protected Securities	P	N/A	07-15-10	\$15,001 - \$50,000
	Ishares TR MSCI EAFE Index Fund	P	N/A	07-15-10	\$15,001 - \$50,000
	Lockheed Martin	S	Yes	07-01-10	\$1,001 - \$15,000
	Tucson Electric Power	P	N/A	01-05-10	\$1,001 - \$15,000
	United Technologies	S	Yes	07-01-10	\$1,001 - \$15,000
SP	USAA Brokerage Acct-Ishares (TIP)	P	N/A	07-26-10	\$1,001 - \$15,000
SP	USAA Brokerage Acct-Ishares TR (EFA)	P	N/A	07-26-10	\$15,001 - \$50,000
SP	USAA Brokerage Acct-Tax Exempt Money Market	P	N/A	07-26-10	\$15,001 - \$50,000
SP	USAA CD	S	Yes	07-26-10	\$15,001 - \$50,000

# SCHEDULE IV - TRANSACTIONS

Name Gabrielle Giffords

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
	Verizon Communications	S	No	07-01-10	\$1,001 - \$15,000

# SCHEDULE V - LIABILITIES

Name Gabrielle Giffords

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Chase Mortgage Co	September 1998	Mortgage on 300 West 17th Street, Tucson AZ	\$50,001 - \$100,000
SP	Chase Mortgage Co	May 2003	Mortgage on 2370 Calypso Lane, League City TX	\$50,001 - \$100,000

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Gabrielle Giffords

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Renaissance Weekend- sponsor paid for lodging, registration, meals	Dec 28, 2010-Jan 1, 2011	DC-Charleston, SC - DC	Y	Y	N	None

**SCHEDULE VIII - POSITIONS**

Name Gabrielle Gifforde

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Manager	Giffords Mgmt Group-uncompensated, not active management

**SCHEDULE IX - AGREEMENTS**

Name Gabrielle Giffords

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
December 2005	Arizona State Retirement	AZ State Retirement (Elected Officials)
December 2005	Arizona State Retirement	AZ State Retirement



# FOOTNOTES

Name Gabrielle Giffords

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Property at 117 W. Armijo is a vacant lot which is also referred to as 119 W. Armijo. Value is based on most current Pima County Assessor's valuation	Vacant lot at 117 W. Armijo, Tucson, AZ
2	Schedule III	Property at 300 West 17th is a residential rental property which is also referred to as 691 S. 9th Avenue. Value is based on most current Pima County Assessor's Valuation	Rental Property at 300 West 17th, Tucson, AZ
3	Schedule III & IV	Property at 2370 Calypso Lane was a residential rental property owned by Mark Kelly and his brother Scott Kelly. The property was sold in July of 2010. Mark Kelly share of gross proceeds was between \$100,000 and \$250,000.	Rental Property-2370 Calypso Lane, League City, TX
4	Schedule III & IV	Installed solar panels at personal residence in January 2010. \$6210, representing 50% of the value of the installation, was paid by Tucson Electric Power directly to the installation company. This is a one time event only and will not show on the 2011 report.	Tucson Electric Power Unearned Income
5	Schedule III	Northern Trust renamed their Select Equity Fund. It is now known as Northern Trust Large Cap Growth - no sale or purchase of asset involved but different name on 2010 report from 2009 report.	Roth IRA Northern Trust Large Cap Growth
6	Schedule III	Ishares renamed their S & P 500 Depository Receipt to now be known as SPDR S & P 500 ETF Trust Unit Ser 1 - no sale or purchase of asset involved but different name on 2010 report from 2009 report	SPDR S & P 500 ETF asset
7	Schedule III	Ishares renamed their Mid Cap 400 Dep Rcpts Mid Cap SPDRS to now be known as S & P SPDR S & P Midcap 400 EFT TR Unit - no sale or purchase of asset involved but different name on 2010 report than on 2009 report	SPDR S & P Midcap 400 EFT TR Unit asset